A division of Farran Media

orthotown®

real orthodontics for real orthodontists

May 2020 • Vol. 13, Issue 4

OFFICE VISIT

Dr. Jasmine Gorton

This Townie practices inside a LEED Gold Status building, and began using teledentistry to treat patients remotely during the COVID-19 pandemic

p. 20

ORTHOTOWN MESSAGE BOARD
Layoffs? Furloughs? Part-timers? Townies discuss how they'll staff practices during—and after—crisis
p. 16

ONLINE CE: COVID-19
Dr. Michael Glick recaps what orthodontists need to know and where to get information
Log in at ***orthotown.com/ce***

THE DIFFERENCE IS CLEAR
Dr. Robert Gire shares a case in which he used clear brackets to treat a Class I malocclusion
p. 36

HENRY SCHEIN®
ORTHODONTICS

The New Movement In Orthodontics™

THE SAGITTAL FIRST REVOLUTION

Simplify & shorten treatment with predictable results.

Let ***Carriere® Motion 3D™*** do the heavy lifting for you! The ***SAGITTAL FIRST™*** **Philosophy** is a ground-breaking approach that simplifies and shortens Class II and Class III treatment. It employs the ***Motion 3D*** **Appliance** to correct AP discrepancies and stimulate initial tooth movement. This fosters easier transitions into larger wires earlier in treatment, less time in braces, and shorter overall treatment times. By resolving the most difficult part of treatment first, you can achieve a Class I platform in 3 to 6 months, shortening the total treatment time by a minimum of 6 months.

To learn more, contact your *Henry Schein® Orthodontics™* Sales Representative.
call **888.851.0533** | visit **HenryScheinOrtho.com**

Join the REVOLUTION!

HenryScheinOrtho.com
#TheHappinessRevolution

a simple

THANKS

to all the front-line heroes making a difference around the world. G&H Orthodontics would like to express our sincere gratitude for your extraordinary service and support.

G&H ORTHODONTICS®
Quality Manufacturing. Exceptional Service.

in this issue: **on the cover**

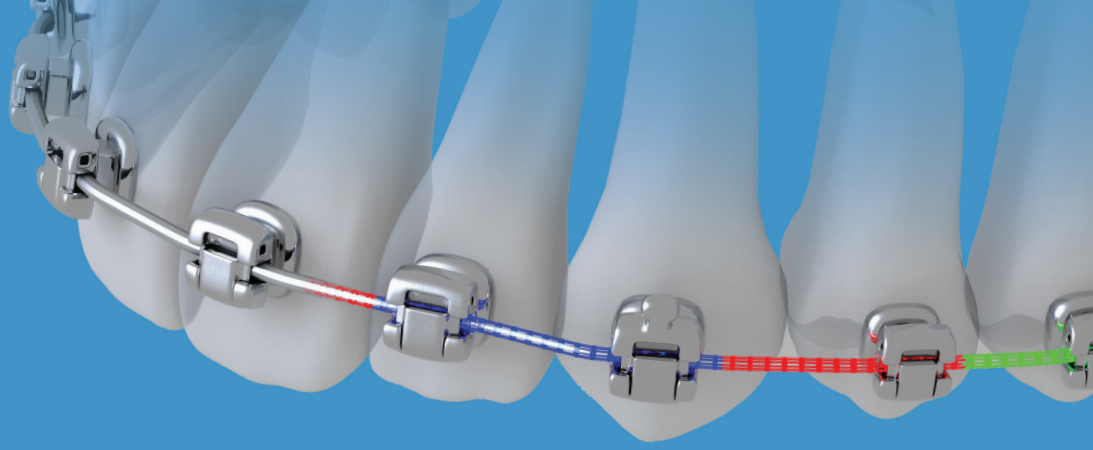
20

Dr. Jasmine Gorton

This Townie's environmentally friendly practice is a certified Green Business in a LEED Gold Status building, featuring a living plant wall to help provide fresh air in her practice. Gorton has always been an early adopter of technology—she was one of the first in the Bay Area to implement 3D printers, scanners and CBCT—and is always looking for the next best thing to add to her practice to help create a unique smile for each of her patients. In this month's issue, we focus on these practice elements and how she and her staff managed to keep things moving during the COVID-19 pandemic.

PHOTOGRAPHY THIS PAGE AND COVER: CRAIG LEE

Ormco™



A NEW PARADIGM IN TREATMENT EFFICIENCY

*"SmartArch treatment appeared to minimize the lag phase...**leading to an estimated 50% savings in leveling and alignment time**."*[1]

– Dr. Marc Olsen, *JCO* February 2020

NEW SMARTARCH™

Laser Engineered CuNiTi

READ THE LATEST

Visit **ormco.com/smartarch** to learn how doctors are leveraging SmartArch.

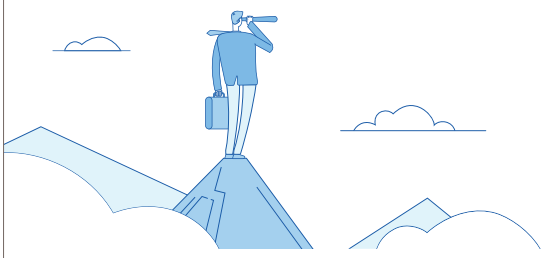
[1] *Olsen, Marc. SmartArch Multi-Force Superelastic Archwires: A New Paradigm in Orthodontic Treatment Efficiency. Journal of Clinical Orthodontics. February 2020.*

The opinions expressed are those of the author(s). Ormco is a medical device manufacturer and does not dispense medical advice. Clinicians should use their own professional judgement when treating their patients.

MKT-20-0285

in this issue: **contents**

DEPARTMENTS



MESSAGE BOARDS

from orthotown.com

Great Lakes ComfortTrack™ Material

Designed Specifically for Clear Aligners

High Performance. Superior Comfort.

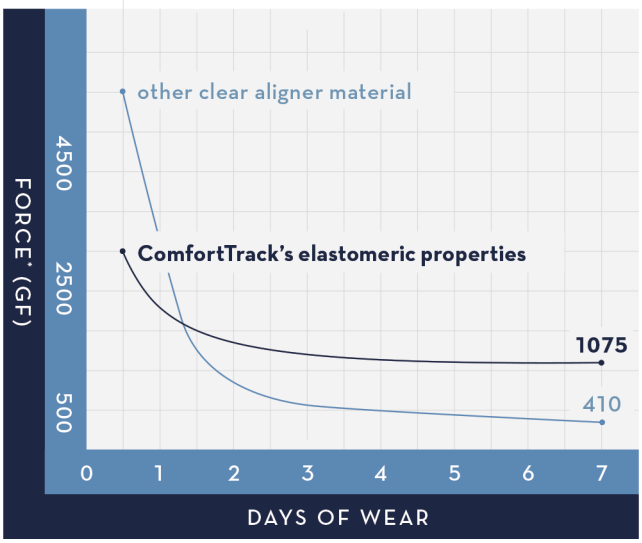
Exclusively from Great Lakes, ComfortTrack is a revolutionary, multi-layered material made specifically for clear aligners. Its unique elastomeric inner layer generates ideal initial force and fatigues less over time.

Compared to standard clear aligner plastics, Great Lakes ComfortTrack™ multi-layer material:

- Generates **40% less** initial force for reduced patient pain
- Retains **150+% greater** force on day seven

The result? Superior patient comfort and more effective aligners.

Learn more at:
ComfortTrackMaterial.com



*Force Retention at 37 Degrees Celsius

Great Lakes DENTAL TECHNOLOGIES

GREAT PEOPLE. GREAT PRODUCTS. **GREAT LAKES.**
comforttrackmaterial.com
800.828.7626

SMPP732Rev030920

orthotown
a Farran Media interactive healthcare community | orthotown.com

EDITORIAL ADVISORY BOARD

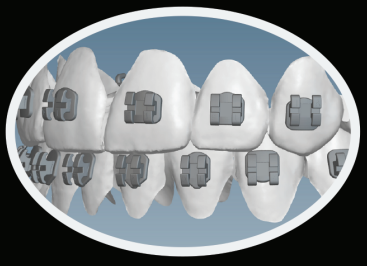
Orthotown (ISSN 1943-1570) is published monthly except combined Jan/Feb and Jul/Aug, on a controlled/complimentary basis by Farran Media, 9633 S. 48th St., Ste. 200, Phoenix, AZ 85044-8603. Tel. (480) 598-0001. Fax (480) 598-3450. USPS #11450 Periodical Postage Paid at Phoenix, Arizona, and additional mailing offices.

POSTMASTER: Send UAA to CFS. NON-POSTAL AND MILITARY FACILITIES: Send address corrections to Orthotown, 9633 S. 48th St., Ste. 200, Phoenix, AZ 85044-8603.

KLOWEN™

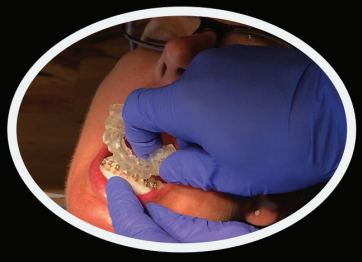
BRACES EVOLVED™

Smile Design & Auto Bracket Placement



3D-Print Bonding Trays & Load Brackets

Digitally-Guided Bonding



Why Do Orthodontists Love KLOwen's 100% Customized Approach?

- Less Doctor Time - Better Results - More Profitability

"I have been using KLOwen brackets since August 2019, and it has been a complete game changer in terms of clinical quality and efficiency. My practice had a 60% increase in new patient starts without adding clinic days or additional staff."

- Dr. Laura Milnor, Milnor Orthodontics

"I run a small, boutique-style practice and have always struggled with the issues of scaling and efficiency. The KLOwen system solves all of these issues. We are regularly seeing patients at their first 8 week adjustment with progress consistent with 6-8 months with traditional brackets."

- Dr. Jared Gianquinto, OrthoArts

"I made it a resolution to do everything I can to be more efficient in treatment for my patients, and that is when I stumbled on KLOwen. They walked our team through the first few cases, and it has been an easy transition with little learning curve."

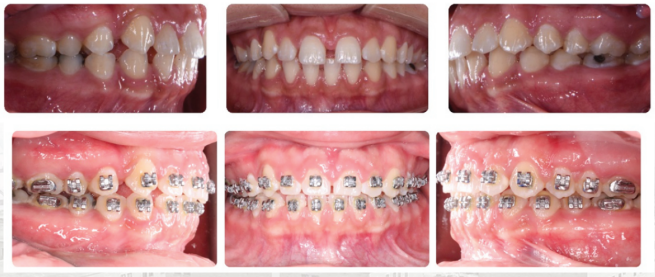
- Dr. Melanie Wang, Dr. Melanie Orthodontics

6-Month Progress!

These cases were the first cases ever bonded by first-year residents!

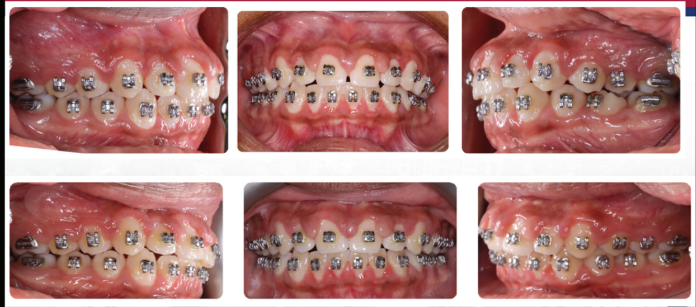
Digital custom braces improves our clinical outcomes. Elevate your practice with KLOwen Braces!

DETROIT MERCY DENTAL KLOwen Case 1



*Photos courtesy of Dr. Al-Qawasmi, Orthodontic Program Director.

DETROIT MERCY DENTAL KLOwen Case 2



*Photos courtesy of Dr. Al-Qawasmi, Orthodontic Program Director.

Discover more at **klowenbraces.com/discover**

Out Like a Lion

by Dan Grob, DDS, MS, editorial director, *Orthotown* magazine

"Repurpose, retool and redeploy." That was the advice from a recently featured consultant on one of the business channels giving his advice to small companies caught in this unprecedented pandemic. It's no secret that all of us will need to do a little reinventing as well once we wade back into the daily grind of active patient care.

Less than one month ago, I had planned to remind readers to attend the AAO meeting and visit the various exhibits, lectures and, of course, friends. But everything changed. The meeting was canceled and replaced with a reschedule of virtual lectures and exhibits of sorts. Future meetings and conferences are on indefinite hold. Continuing education opportunities have been redefined. I've attended countless webinars and Zoom sessions over the past several weeks.

Uncertainty has increased and most of us were urged to shelter in place. When we're given the all-clear sign, we'll return to organized chaos as pent-up demand for adjustments, emergencies and exams will all need to be taken care of—and soon!

Taking a vacation or hiatus from the office—planned or unplanned—is rarely just "some time off" in the middle of an otherwise organized life. We worked hard before and we'll work even harder when we return to meet deadlines, real or perceived, to get braces off by prom, graduation or bar mitzvahs.

Lots of things have changed and we probably haven't had enough time to even think how we got here. My daughter's New York City wedding—carefully planned for the end of April to coincide with cherry blossoms, a lack of tourists and, yes, a sizable discount to the May rate—had to be rescheduled for the end of July. (We have our fingers crossed.)

With so much unscheduled nonclinic time, I'm fortunate to be able to get things done that I've been putting off for years. (Yes, *years*.)

What have you done? What are you doing?

While it was difficult to mentally prepare for a shutdown of this magnitude and scope, a little bit of skepticism goes a long way. Raised by Depression-era parents, I was always often reminded of times like this, or worse, when people were selling pencils on the street, and saving the Sears catalog for essential home hygiene.

In this era with so many in debt to begin with, I'm not about to lecture on saving for disasters and the like. However, being prepared for a "black swan" event such as this has proven to be good for you, your family and your practice. In other words—and this can apply to everyone—living a notch below your capabilities is a beneficial learning experience.

Empower®2

Clear Self Ligating

NEW

For more information contact American Orthodontics at 920-457-1485 or visit Americanortho.com

AO AMERICAN ORTHODONTICS

+1 920 457 5051 | AMERICANORTHO.COM | PATENT: D820,457

As much as we'd like business to be "as usual," it's safe to say that potential patients will tiptoe slowly back into the elective dentistry marketplace—all the more reason to be reasonable with fees, conversion from one phase to the next and re-treatment requests.

What changes are you implementing? Just for starters, my team and I are:

- Organizing our supply area with an updated inventory system.
- Redoing our office binder system (actually a series of training manuals).
- Creating new binders to detail every procedure in each department.
- Getting all the new information stored digitally and in the cloud.
- Gathering before-and-after photos for Instagram, the website and Orthotown message boards.

For a brief time, I offered hours and work projects to staffers who were willing to take a cut in hours. Some accepted, while others elected to take advantage of the expanded unemployment benefits.

We had an "all hands on deck" plan where phones were manned to reschedule patients for the return. Most patients were given extra time to accomplish their next appointment—we're assuming that there will be plenty to do when we're able to see them again, and I also want every visit to be as positive as possible, indicating to patients that we're taking extra care to move their treatment along. Often, I set up appointments to rebracket teeth or add appliances.

Instead, we are just going to do it! This will mean long hours and lots of work, but the job needs to get done. The untimely and unscheduled delay presents a great opportunity to move patients from Phase I to Phase II (assuming, of course, they are financially fit).

During this period, the delay in finishing Phase I treatment means that some patients are watching permanent teeth erupt ahead of their anticipated finish date. What a great time to extend the contract, reprice the treatment and create some goodwill by offering a special fee for continuing.

(I can already hear in the background those shouting, "That's why you shouldn't do Phase I!")

But what about the future?

There's no doubt that things are changing and will change forever. This generation will remember the sacrifices, new workflows and issues of the moment like never before, and will no doubt tell their children just like my parents told me.

It's not enough to say "virtual consultations are here to stay," because they were already taking place before the pandemic. Like other transformational times in our history, the crisis only accelerated what was already happening. Kind of like insurance reimbursement becoming standard, lower fees and the adaptation of 3D X-rays.

Office requirements and lease structures most probably will change to reflect the uncertainty of pandemics and other acts of God. With virtual consultations and other telemedicine, dentistry and orthodontics will probably need less of a footprint in society from the standpoint of square footage and number of dental chairs.

I'm told that a billionaire investor we're all aware of has shorted the commercial real estate market by a sizable amount. With all the work from home and videoconferences going on, expansive offices will most probably be scaled down. How are $100-per-square-foot luxury offices buildings justified when on the turn of a dime, you tell your employees to just do their jobs from home?

Fees are anybody's guess, but in the interest of access to care, I do think that there will be a justified downward pressure on fees. Staff will probably be reduced as practices scale up at a slower, measured pace. As much as we'd like business to be "as usual," it's safe to say that potential patients will tiptoe slowly back into the elective dentistry marketplace—all the more reason to be reasonable with fees, conversion from one phase to the next and re-treatment requests.

To those fresh out of school and feeling uncertain: The golden era is still here, just reinvented. ■

Platform One™

One Platform = Zero Hassles

Join now with our Standard Package to unlock Platform One™

STANDARD PACKAGE

topsOrtho™

No hidden fees

One billing company

No hassles

- **Lightning Cloud** — Secure high-performance cloud
- **D7 Matrix** — Multidimensional analysis
- **Appointment Reminders** — Send SMS and email reminders
- **Single Sign-On** — Secure password management
- **Check-in** — Patient Check-in app for iPad™
- **Support** — 24/7 coverage
- **Checklist** — Custom secure forms for iPad™
- **Upgrades** — Automated system upgrades

Customize your Platform One experience

topsEcho™

topsCephmate™

- **Compliant Messaging**
- **Patient Education**
- **Digital Lab Prescriptions**
- **Practice Performance**
- **Online Scheduling** (Coming soon)
- **Hardware Plan**

To learn more, contact tops™ at info@topsortho.com or +1 770.627.25527

tops™

Carestream Dental and MouthWatch to Deliver Enhanced Teledentistry Solution

Doctors who use Carestream Dental's digital imaging and practice management solutions will soon have greater access to the TeleDent teledentistry platform from MouthWatch.

Office closures required because of the coronavirus have made it difficult for orthodontists to see patients directly, but connecting remotely can allow them to communicate without the close physical contact. Teledentistry can provide an alternative for patients to connect and receive timely help and professional advice.

TeleDent lets patients contact the office if they have questions or an emergency and enables livestreaming video consultations to facilitate remote treatment planning, supervision and collaboration in real time and at the provider's convenience.

Information: carestreamdental.com/teledentistry

Industry News

Information in this section is culled from releases that were delivered to **news@orthotown.com**. All material is subject to editing and space availability.

AAO Honors EasyRx CEO As 2020 Ortho Innovator

The American Association of Orthodontists has named Todd Blankenbecler, president and CEO of EasyRx, the recipient of its 2020 AAO Ortho Innovator Award. The award, now in its second year, highlights a company or individual whose potential to significantly impact orthodontic practice operations "rises to the top."

EasyRx offers orthodontists tools to streamline and centralize digital workflow. Its products include a universal lab prescription management and tracking application; a fully integrated digital workflow platform for practices to submit cases, both physical and digital; and software for trimming, basing and labeling STL files to prepare print-ready 3D files.

A veteran in the orthodontic software industry, Blankenbecler was a principal in Dolphin Imaging and Management Solutions and led its introduction to the orthodontic market.

Align Technology Integrates Product, Innovation and Marketing

Align Technology has created a combined product innovation and marketing organization designed to enable greater organizational speed, agility and impact across customer channels and consumers.

The new organization will combine information technology and research and development with product management and global marketing under one integrated organization responsible for the entire product life cycle—from customer insights and ideation to product innovation and beyond.

New Products

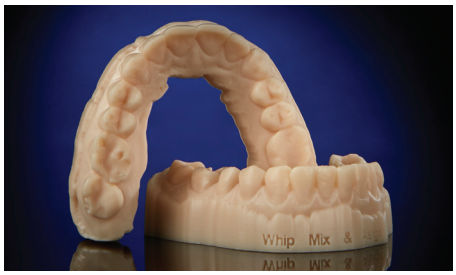
Information in this section is culled from releases that were delivered to **news@orthotown.com**. All material is subject to editing and space availability.

Empower 2 Clear Bracket

Empower 2 Clear brackets, American Orthodontics' newly enhanced aesthetic brackets, were designed using CAD modeling and computerized simulation, resulting in improved mechanical strength. Through extensive lab testing, American Orthodontics has also refined the brackets' debonding predictability without compromising their aesthetic clarity.

The bracket clip is now 20% thicker than the previous offering, providing increased wire seating force and reduced clip deformation. The clip's trident shape offers better rotational control and helps seat wire during closure. Reduced binding friction results from the redesigned wire slot chamfers while opening and closing are enhanced through improvements in the clip track.

For more information, contact an American Orthodontics representative.



VeriModel OS Ivory 385/405 3D Print Resin

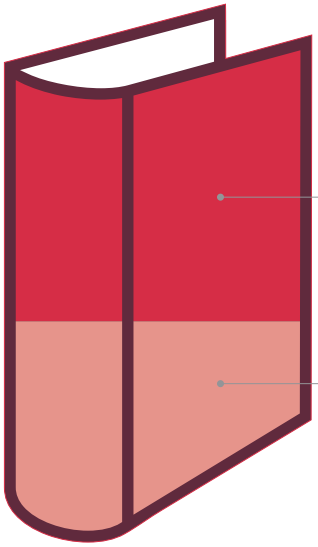
The new version of Whip Mix's VeriModel print resin provides a high-quality surface finish and extreme precision for models, with a natural ivory color. VeriModel OS Ivory can be used in any open system 385nm or 405nm printer and in a variety of 3D printed applications, including working and presentation models for crown and bridge, prosthetics and orthodontic work.

Information: whipmix.com

TEAM TRAINING

Orthotown's monthly poll helps you see how other practices operate—what's working, what isn't and how orthodontics is evolving. The information we gather each month helps us measure the trends of the profession. This poll was conducted on orthotown.com from March 17 to April 24.

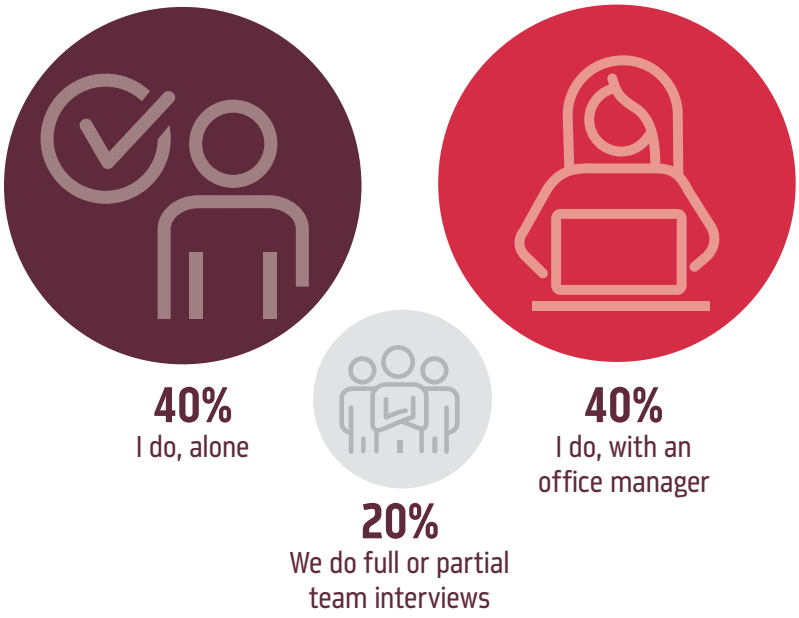
Do you have a formal new-hire manual or training program?



56% Yes

44% No

Who screens new hires?



40% I do, alone

40% I do, with an office manager

20% We do full or partial team interviews

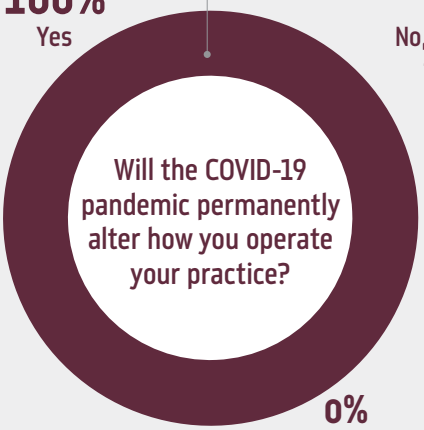
How much turnover have you experienced in the past 12 months?

60% Slight

0% Moderate/Severe

40% None

Will the COVID-19 pandemic permanently alter how you operate your practice?



100% Yes

0% No/Too early to tell

Have you ever hired a consultant to administer any form of team training?

60% No, but I'm open to the idea

20% No, with no desire

0% Yes, with success

20% Yes, without much benefit

BE READY
FOR THE REBOUND!

DISCOVER THE ECONOMY-PROOF WAY TO

GET A 10-40% INCREASE IN YOUR NEW PATIENTS WITHIN 90 DAYS

WITH NO ADDITIONAL MARKETING
OR ADVERTISING!

CALL 833-223-8080 *or*
VISIT WWW.SCHEDULINGINSTITUTE.COM
and click on

"TAKE THE 5-STAR CHALLENGE"

ortho townie choice awards

Voted Orthotown's #1 Consultant & Advisor 6 years.

SCHEDULING INSTITUTE

52162-041320

Unemployment Vs. Keeping Staff On

Townies talk about how to handle staffing during and after the pandemic

straight toothener
Member Since: 12/30/04
Post: 1 of 7

With COVID-19 office shutdown and April 1 sick leave pending, I'm wondering if anyone has looked at the numbers with regard to laying off and filing for full unemployment vs. keeping staff on. I heard some discussion about how it may be to the employees' advantage if they make under a certain amount to go on full unemployment because the federal stimulus is kicking in for unemployment in addition to state funds. I'm in California and appreciate any thoughts. ■

3/29/2020

ucla98
Member Since: 09/28/07
Post: 2 of 7

I plan to close all four of my offices until April 30. I continue to pay my two F/T employees (office manager + receptionist) but at reduced work hours (32 hours a week, instead of 40–45 hours a week). All six P/T chairside assistants will stay home during the shutdown. The total rent for all four offices is $6,700/month. Phone, electricity, and other bills are around $600–1,000 per month. My offices continue to receive payments from patients' insurances, which should be enough to cover all these fixed expenses.

Hopefully, the stimulus checks will be sent to all my staff soon enough so they can pay their bills for this coming month. ■

3/30/2020

tooth1
Member Since: 04/26/09
Post: 3 of 7

I've laid off everyone, including myself.

Hourly employees will almost certainly make more under unemployment than if you even pay them 100% of their normal rate. Example, my lowest-paid employee (my wife) will get $235 in unemployment benefits for last week before the CARES Act kicked in. My current state will accept CARES starting this week (March 29–April 4) and CARES will provide least $600 on top of what she was getting. That means $835 for the week. We work only 32 hours so that comes out to $26.09/hour and she was getting paid $10/hour before. So, yes, it's in their financial best interest to collect unemployment. That will last 16 weeks while FFCRA is at best 100% for two weeks and then 66% for 10 more (12 total).

While I have laid off everyone, it leaves me hanging on what the heck I'm supposed to do for the SBA Economic Injury Disaster Loan and the upcoming Paycheck Protection loans. Pretty sure they've been pretty clear that if you lay off everyone you won't be able to get those loans or won't have them forgiven. However, I've only furloughed them. Yes, that's a temporary layoff. I still want to hire them back. So, those details haven't been provided yet. We're just going to have to see how that goes.

Also, once the office is up and running, my girls are going to be missing their unemployment checks. They have to get stuck making "normal" wages once again. ■

3/30/2020

How have you handled staffing during COVID-19?

This conversation started in late March, and as events changed, so did how the participants planned for their future. To join the conversation about how you're approaching this unprecedented situation, and to glean advice from other orthodontists, head to **orthotown.com/messageboard**.

Stay Informed On COVID-19

We are committed to helping you stay informed and prepared as we work through the Coronavirus outbreak. Below you'll find education on the virus itself, along with how it has affected dentistry now–and in the future.

Featured Coronavirus Education

Online CE

COVID-19: What You Need to Know
Speaker: Dr. Michael Glick
CE credits: 1.5

The COVID-19 pandemic is a disruptive force that will change our personal and professional lives for the foreseeable future. This presentation will provide information and data to help you alleviate fear and parse facts from fiction.

Free Webcast

Town Hall on COVID-19: Q&A With a Panel of Experts
Hosted by Dr. Howard Farran

View this lively discussion with panelists who are experts in infectious disease, accounting, labor law, practice management and more. Questions will be presented to the panel of experts as they discuss how the new coronavirus is affecting dentistry.

Visit **orthotown.com/covid** to view.

View all online CE courses

Visit **orthotown.com/ce** to access online CE courses and more.

Severe Mandibular Lingual Tori and Proclined Incisors

A tricky adult treatment involving molar and incisor drama

Colorado108
Member Since: 04/23/15
Post: 1 of 21

This 30-year-old patient presents with severe mandibular lingual tori and proclined incisors. Patient's CC is "my front teeth are crooked and lean forward." I referred her to an oral surgeon for evaluation of tori removal, but the surgeon recommended against it.

Premolar extractions would be treatment of choice to upright incisors for function and periodontal health, but tori are a major concern for extraction site closure. Thoughts on premolar extraction and space closure regarding tori causing complications? Experienced opinions welcomed! ■

8/25/2016

Fenrisúlfr
Member Since: 02/25/09
Post: 2 of 21

Can you post the ceph and pano? I've not had an issue with space closure in these cases, but I'd definitely go for lower 5s instead of 4s since it is easier to slip anchorage.

However, getting the NOLA in during bonding is almost impossible and very uncomfortable!

[Editor's note: View this message board online to view before and after sample cases.] ■

8/25/2016

zxzxzx
Member Since: 02/28/03
Post: 3 of 21

I only have 36 years of practice experience and 20 years clinical teaching, and that is the very first time I've ever heard about tori and extraction space closure. I did a quick Medline search using the parameters of "mandibular tori" and orthodontics and four articles were returned.

If you are an ADA or AAO member, you can ask one of the research librarians to do a lit search on the subject. They might turn something up.

A more interesting question would be that if her complaint had not been that her lower teeth leaned forward, could you then justify 4 bis to upright the incisors for periodontal reasons? I don't think that in a healthy adult of age 30 with no obvious perio problems, you can justify that kind of aggressive treatment. I'll be interested to hear other comments.

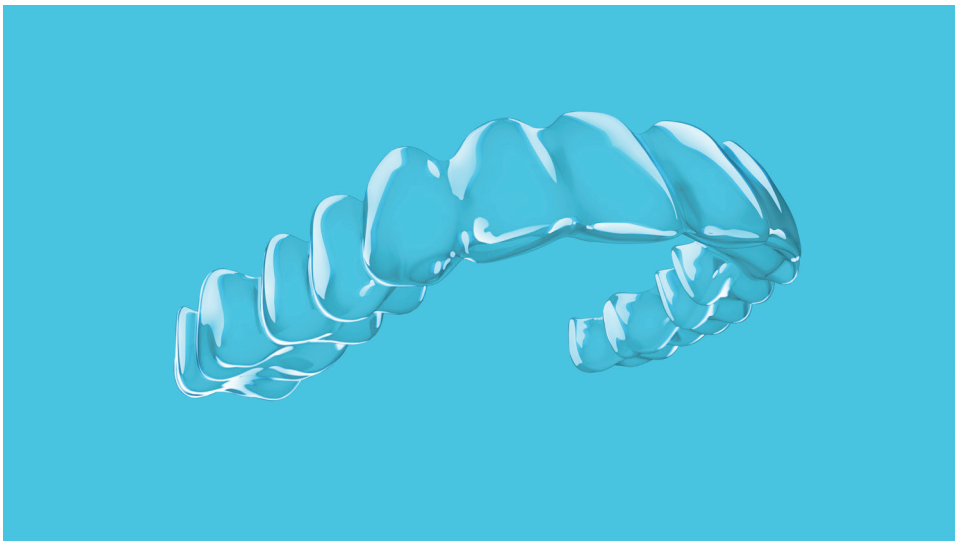
I always ask about sleep issues with all my adult patients, and there is a relationship between large tori and sleep apnea and snoring, so it might be interesting to ask if any of those issues are hers. Then taking the tori would be justified. ■

8/25/2016

Want help with premolar problems?

Whether it's to share an ongoing case or showcase a completed one—or maybe just be of help to a doc in need—head to **orthotown.com/messageboard** to take part in this conversation (just search "Lingual Tori") or start your own thread!

Spark Clear Aligners



Ormco
Your Practice. Our Priority.

Designed to meet the needs of orthodontists

Ormco has combined 60 years of orthodontic innovation and clinical experience (by working with practices around the world) to develop an advanced clear aligner system. Introducing Spark Clear Aligners, a streamlined system designed to meet the needs of orthodontists and complement treatment vision.

More comfortable, more clear

Spark's TruGen aligner material is designed to exhibit higher sustained force retention than leading competitors. Because TruGen is manufactured with polished, scalloped edges, Spark is designed to provide a more comfortable treatment experience. Patients may feel that they are receiving a more discreet treatment because the material is designed to be clearer and exhibits a lower amount of staining compared with leading aligner materials.

Flexible 3D software

Spark's proprietary 3D Approver software allows doctors to visualize treatment designs from start to finish. A few features that highlight the flexibility of the software include:

- Virtual roots to enhance treatment planning.
- Full control of aligner auxiliary placement on all teeth.
- Multiple treatment setups at submission.
- Software for both Mac and PC.

Proof in the results

Doctors worldwide are using Spark Clear Aligners to treat a variety of patient malocclusions, such as open bite, deep bite, Class II/overbite, Class III/underbite, crossbite, crowding and spacing including semierupted teeth, and extractions.

Contraindication: If patients have active periodontal disease, treatment with aligners should be avoided or delayed until they are free from symptoms.

For more information, visit ormco.com/spark. ■

"The TruGen aligner material is crystal-clear, and the software interface is amazing."
— Dr. Stuart Frost

"Spark sets a new standard in clarity for aligners."
— Dr. Jeffrey Heinz

"When we switched our existing aligner patients into Spark Clear Aligners, they were ecstatic with how Spark was lighter and thinner and how the clarity of the TruGen material really stood out."
— Dr. Bill Dischinger

PHOTOGRAPHY: CRAIG LEE

Dr. Jasmine Gorton

This Bay Area Townie, already a proponent of a high-tech office, leapt into action to treat patients during the COVID-19 pandemic

by Arselia Gales, assistant editor

Orthodontists spend most of their working hours in their practices, so they don't get many opportunities to see what it's like inside another doctor's office. Orthotown's recurring Office Visit profile offers a chance for Townies to meet their peers, hear their stories and get a sense of their practice protocols.

In this issue, we visit **Dr. Jasmine Gorton**, a Bay Area Townie who runs a certified Green Business in a LEED Gold Status building. An early adopter of technology who'd already kept her eyes peeled for the next best thing to enhance treatment for her clients, Gorton quickly took action after the COVID-19 pandemic hit in early March so her practice could offer virtual treatment and consultations.

Keep reading to learn how she and her staff have managed to keep her practice going, and how her travels and experiences have influenced her unique treatment approach.

OFFICE HIGHLIGHTS

Name and credentials:
Jasmine Gorton, DMD, MS,
certified member of the
American Board of Orthodontics

Graduated from:
- **UC Berkeley:** Bachelor's degrees in integrative biology and social sciences
- **Harvard University:** Doctorate in dental medicine
- **University of California San Francisco:** Postdoctoral fellowship in growth and development; master's degree in oral biology; certificate in orthodontics

Practice name:
Marin Ortho (Gorton & Schmohl Orthodontics), Larkspur, California
marinortho.com

Practice size:
1,850 square feet

Team size:
11

TOP 5 PRODUCTS

1. **i-Cat Flex CBCT.** Invaluable for diagnostic reasons and screening children for airway constriction, ectopic eruption and root positions.
2. **iTero Element scanner.** Takes the place of impressions. Less messy, easier on the patient and more detailed and accurate. We chose this scanner over others because it integrates with Invisalign.
3. **Invisalign.** More comfortable, gentle and hygienic approach to tooth movement. We now offer it interchangeably with fixed appliances for nearly every type of treatment, and we don't have a fee difference for aligners versus fixed.
4. **SprintRay 3D printer.** We can send a scan from our iTero scanner directly to the printer and print models of patients in a little over an hour, depending on how many we're printing at a time. We can fabricate models and deliver retainers to our patients with a same-day turnaround. It's also possible to do same-day turnaround for aligners.
5. **uLab.** For less complex cases, uLab software can be used for in-house fabrication of aligners in place of Invisalign. We have tried other software companies in the past and found uLab to be closest to the functionality we were accustomed to in ClinCheck. Our treatment coordinator does the preliminary uLab setups, which are then reviewed and modified as needed by a doctor.

   We can make aligners for patients in our office using an iTero scan sent electronically to our uLab software, uploaded to our SprintRay 3D printer, then vacuformed on our Biostar and trimmed by hand (until we can get a uContour trimmer!). This is all organized by EasyRx software for tracking. We kept our old Form2 3D printer as a backup.

You knew that you wanted to be an orthodontist when you were 8. How did you come to that decision at such a young age?

I was "buck-toothed" (Class 2, Division 1) and broke my front tooth, which is a risk with excess anterior overjet and proclined upper incisors. That prompted my dentist to refer me to an orthodontist for early treatment.

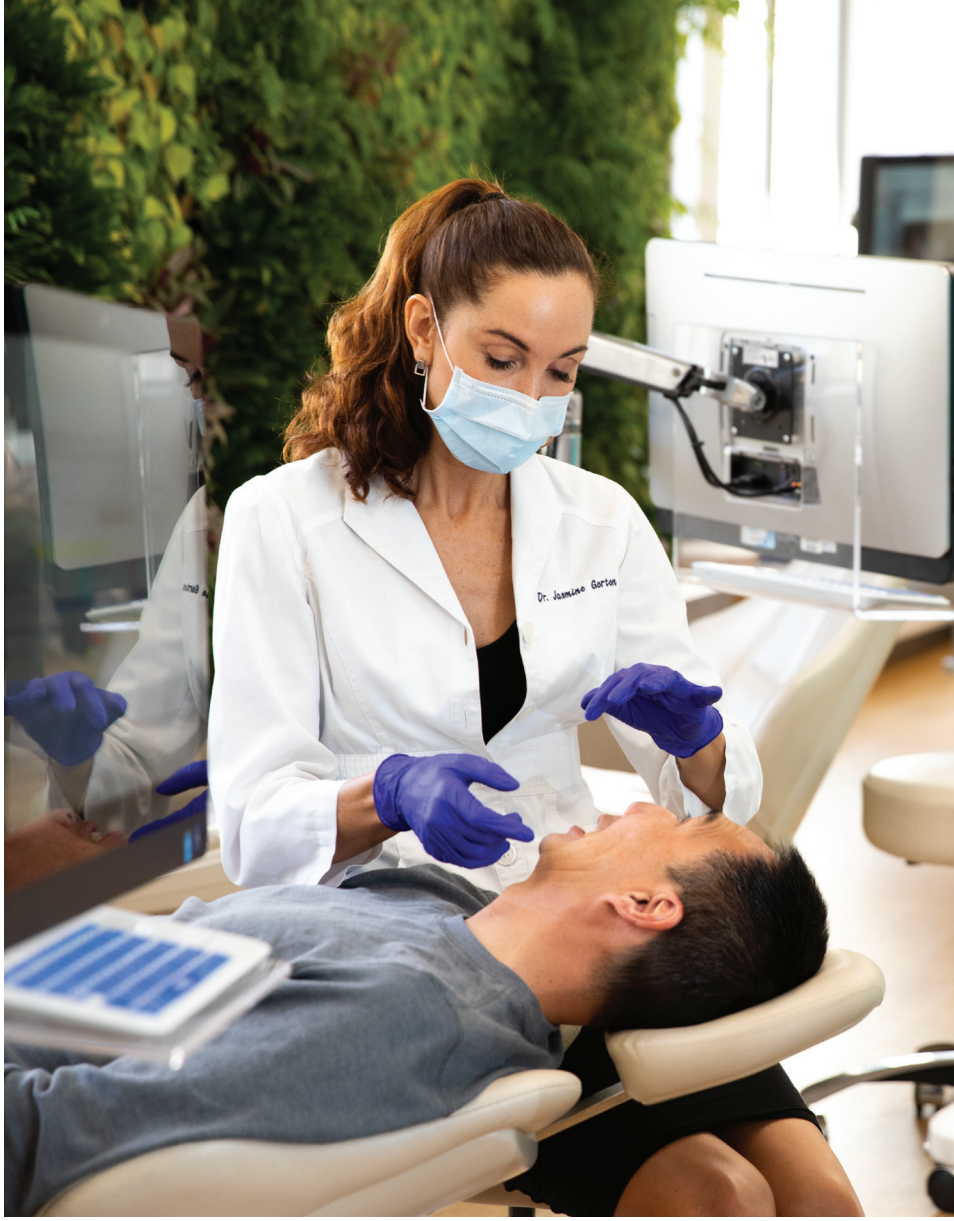
My orthodontist belonged to a Ricketts international study club and ran a very modern practice. His progressive treatment techniques and focus on making every patient feel special really stuck with me. He made going to his office feel like a party with friends, and he was patient with my curiosity and fascination with his tools. Additionally, I'm grateful that I was offered a non-extraction treatment approach—that was unusual at the time.

(A shout-out to Dr. Alex Axelrode for being such an inspiration to not only me but also his two sons, who both became orthodontists and carried on with his practice!)

Tell us about some of the work you did after graduating.

After finishing my orthodontic residency, I worked as the associate to a busy one-doctor private practice just outside of Zurich. I'd always wanted to live abroad, and Switzerland was my top choice because of its natural beauty, multiple national languages, excellent chocolate and competitive pay. I feel so fortunate to have had that opportunity!

Upon returning home to the San Francisco Bay Area, I joined Dr. Bill Schmohl, a solo practitioner in Marin County. He was unique in many of the same ways that my childhood orthodontist had been, with unusually progressive techniques and an emphasis on the patient experience. He was also passionate about his work and excited about orthodontics. I worked as his associate for two years, before buying the practice 100% at the two-year mark. I'd



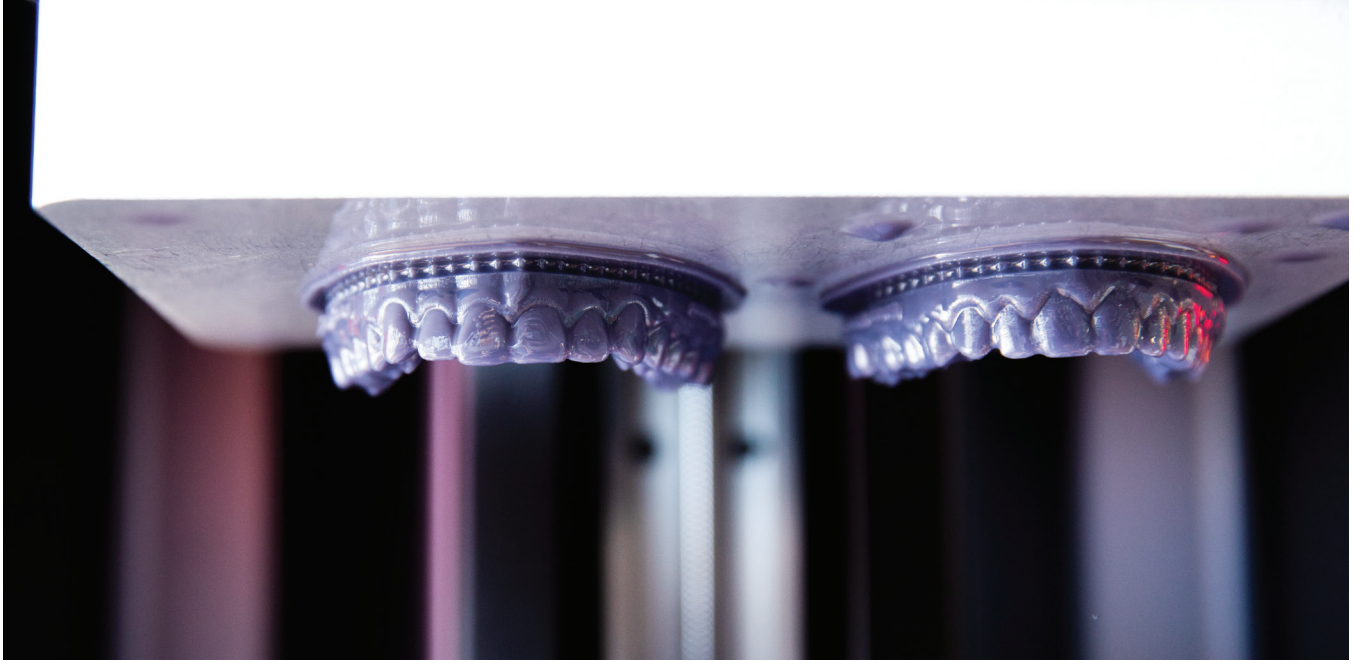
been self-supporting since I was 18 years old, and despite working full time year-round, I was still carrying about $400,000 in student debt and had no savings. Therefore, the prospect of purchasing a successful (i.e. *expensive*) practice with no money was rather daunting! I ran the numbers by my accountant at Thomas Doll, who advised me that if I could live off my current associate's salary and maintain the practice at the current level, it would be possible to pay off the practice loan in five years, so I jumped in.

How has the practice evolved since then?

The loan for the full price of the practice with interest was drawn up directly with Dr. Schmohl, who had a five-year contract to stay on as my associate. That written contract expired long ago and he still continues on, because we enjoy working together and we believe that it benefits the patients. In light of Dr. Schmohl possibly retiring someday, and to accommodate practice growth, I've added a second associate, Dr. Sona Bekmezian. We explain to the patients that we've all trained at UCSF and share the same treatment philosophies, so we can treat the patients interchangeably.

I've tried to follow Dr. Schmohl's excellent example and since the purchase in 2004, we've moved to a more ideal macro location (2014), increased our clinic days from three to four (rotating schedule) and doubled production and collections.

We follow modern techniques as they are introduced and stay very active in orthodontic groups such as the (Tom) Pitts Progressive Group, the Ormco Insiders product development group and the Schulman Group. We also participate in office visit training programs for both orthodontic residents and dental assisting students.



OTHER PRODUCTS

Appliances
- RPE and Herbst appliances, depending on the type, from Specialty Appliances.
- Herbst appliances, depending on the type, from AOA.
- Hawley retainers from AOA (though we predominantly use in-house Vacuform).
- Quadhelix from MediLab and Crozats from Ortek, although we predominantly use Invisalign First. If no airway issue, we may consider uLab.

Bonding agent
- Blugloo from Ormco for clear brackets
- Transbond XT for metal brackets and LR from Unitek for bonded lingual retainers
- Monobond and Monobond Etch and Prime from Ivoclar Vivadent
- Ortho Solo from Ormco

Brackets and wires
- Damon Clear from Ormco (upper only, upon request)
- Pitts 21 from OC-Orthodontics (metal)

Cements
Fuji Ortho LC from GC America for bands

Patient finance
OrthoFi

Class II appliances
- Carriere Motion 3D appliance, clear and metal, from Henry Schein Orthodontics (usually in conjunction with Invisalign)
- Herbst appliance from AOA or Specialty Appliances (Invisalign mandibular advancement feature for less severe cases)

Class III appliances
Buccal shelf TADs

Practice management
Ortho2 Edge

What's it like working with two other orthodontists? What's the doctor–patient ratio, and how do you divvy up your time?

It's extremely rare to have two or three orthodontists working interchangeably on patients, and at the same time! We have been fortunate to have the financial flexibility to allow for two doctors to work in the clinic simultaneously and we enjoy live, real-time sharing of cases.

That being said, all three doctors are proficient with various forms of virtual communication, and our experience with COVID-19 has fine-tuned that even further. We are now able to share ideas on patients in real time and/or same day via text (using Podium via front desk or personal cell), video chat (using Zoom) or email (via Google) to provide our patients with multiple-doctor input on their cases even when only one dentist is present in the clinic. We're the only office in our area offering clinic Monday through Friday and we're able to balance our work and personal/nonclinical responsibilities well by sharing the assigned clinic time. This is especially helpful in the case of personal/business travel, allowing us to remain open for our patients year-round even in the holiday season and summer. In a typical week, each of the three doctors will work one to two days to provide coverage for patients Monday through Friday.

Your practice is a certified Green Business in a LEED Gold Status building. Why did you decide you wanted this distinction? How do the certain standards translate into your orthodontic work?

LEED stands for Leadership in Energy and Environmental Design. We had already been implementing "green" measures in our previous practice location, as an extension of our own personal philosophy: We want our practice to reflect who we are. With the move to the new office space, we were completely gutting the space and starting a fresh buildout from the ground up. This allowed us the opportunity to incorporate into the construction process all the required features of LEED certification.

Our buildout was done under serious time constraints, because it wasn't known when they would begin demolition of our old office space. As such, the entire total time for demo and buildout, from signing the contract to moving in, was less than three months—and within the budget determined by the bank loan! Although we did not believe that we had either the time (estimated 90 additional days) or the budget (estimated $60K) to pursue LEED certification of the office space during the buildout, having it built to LEED certification made it easy to obtain our county's "Green Business" certification, which is based on the same parameters.

- LEED-certified office spaces cost less to operate, reducing energy and water bills by as much as 40%.
- Money saved can be reallocated to attract and retain top employees, expand operations and invest in emerging technologies.
- An increasing number of patients suffer from hypersensitivity reactions. Ecologically conscious products minimize the risk of an allergic reaction being triggered by the office environment. In recognition of this trend to more sensitivity, we offer orthodontic treatment with materials with little to no reactivity: Invisalign polyurethane aligners (rinsing before wear usually enough; otherwise, a hypoallergenic option is available); sapphire and titanium brackets with beta titanium wires are also available to address a possible nickel allergy (the most common allergen in orthodontics, per the NIH). We have also used latex-free, powder-free gloves exclusively for many years and stock vinyl gloves for the occasional reported nitrile allergy.


Dr. Jasmine Gorton

What steps did you have to take to become a Green Business? How does the certification process work and how often do you have to renew it?

We found the green certification process to be very straightforward. We looked it up online and our team member who does our ordering filled out the questionnaire, checked for compliance and coordinated the government inspection visit. We have already had one renewal inspection (coordinated by the same team member), so it seems renewal is every five years.

The website gbci.org is a great resource for looking at green programs at a national level.

Does your Green Business status help you market to new patients? Do patients specifically come to your practice because of that?

Environmental responsibility is increasingly becoming an expectation, and our patients have commented that they appreciate us making an effort to be green. The primary deciding factor to come to our office still seems to be a recommendation from a doctor or friend, in reference to the quality of care, the results and the patient experience, and the green certification ties into the customer experience component. Though it's not a driving factor to come in, it may reinforce their decision to stay.

Tell us about your living plant wall.

I love nature and prefer to be outdoors rather than indoors. Our previous office had openable windows and a garden our patients could see from the chairs, and we didn't want to give that up when we moved into a professional office complex. Aside from the natural air filtration and oxygen the plants produce, living walls are associated with natural beauty and a sense of tranquility and well-being.

As an early adopter of technology, what are some items that you've had your eye on and hope to implement in your practice in the near future?

We have two items on our wish list. The first one is a robot, the uContour trimming machine, that can work in conjunction with uLab software for in-house clear aligners. This can decrease the staff time commitment, which we see as the biggest barrier to a more aggressive adoption of in-house aligners.

The second item is something I've wanted since it was first being designed at UCSF while I was in the lab as a student. Now commercially available, the Solea carbon dioxide all-tissue laser is more suited to a pedo–ortho practice than a stand-alone orthodontic office. However, I've always dreamed of having an office that did not look, smell or sound like a dental office. While we have achieved the first two goals, the sound of the handpiece taking composite off the teeth after attachment or bracket removal really detracts from an otherwise peaceful atmosphere! With this particular laser, composite can be removed efficiently and quietly without harming the teeth.

Your practice is in the Bay Area, one of the areas in California under serious shelter-in-place orders during the COVID-19 pandemic. How has your practice changed and adapted to this new normal, and what did this mean for treating your patients?

Our early adoption of technology has served us well during the COVID-19 office closures.

This is a list of what we were using, including some new products, that have helped us continue to serve our patients now and for when we return. Everything is available on my mobile phone. The rise of DIY orthodontics underscores the ever-increasing importance of convenience for our patient base:

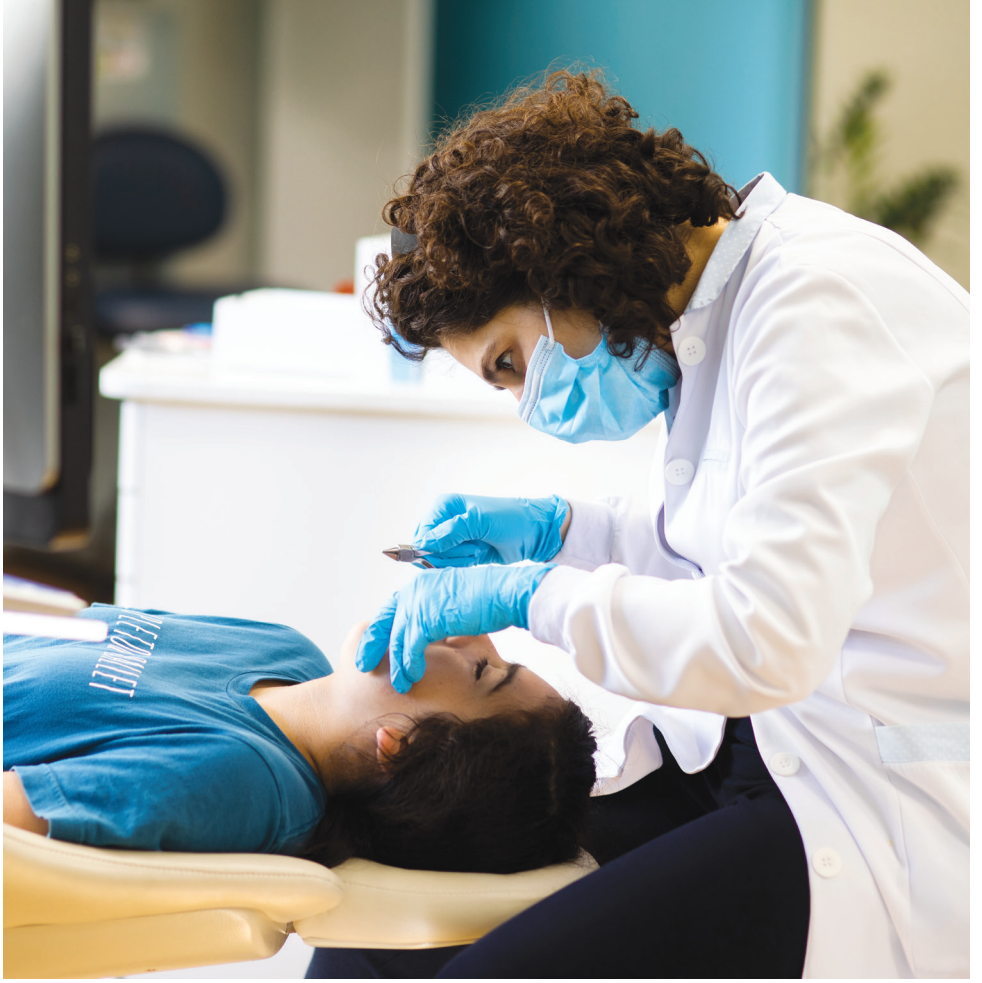
1. Virtual meetings for staff, patients and doctors. I had already used Zoom to give webinars and found it intuitive and easy to use. (When used properly, you don't need to worry about Zoom meeting "bombers"!) It was natural, then, to use it for virtual staff meetings after the closure, and I believe that staying connected face-to-face really helped with some of the more difficult decisions the practice was facing with our workforce. Because it offers an easy way to share your screen, it was a great way to review COVID-19-related treatment plan changes, especially for Invisalign patients whose cases had been redesigned to delay the placement of attachments and IPR to allow for mailing aligners.
2. The next step was to formalize our existing online virtual consultation process for new patients by using SmileSnap, because Zoom video quality is typically not a high enough resolution to be diagnostic for orthodontic concerns. By previously uploading guided tutorial photos, it improves the quality to at least a level of discussion. We also ramped up an existing online software, Appointlet, to differentiate between in-office appointments and virtual appointments. This allows new patients the option of "meeting" the doctor in a live video scheduled consultation (via Zoom) subsequent to the SmileSnap assessment if they prefer more interaction. Although we can't have the patients do their own scans at home (yet) to start aligner treatment or place their own brackets, removing the talking portion of a new-patient consultation allows for the in-office

appointment to be short and focused on records gathering with our tech. In the short term, reducing office appointment times helps with accommodating several weeks of COVID-19 canceled appointments in a timely manner. In the long term, shifting in-office doctor time to outside-the-office doctor time allows for flexibility such as sitting outdoors in the sunshine on a laptop (my favorite!) or working in the car while waiting for a child to finish an activity (best with an electric car!) or from a remote "vacation location."

With COVID-19, we also extended a virtual consultation option for existing patients to monitor and evaluate progress with elastics, treatment-plan for a further set of aligners, etc. This helps patients stay engaged with the doctors on a personal level, much as they would have experienced with coming to our office. Existing patients are also asked to send in photos by email to our doctors before the consultation, and we have an instructional video on our website we direct them to so they can take better-quality photos. Appointlet integrates with Zoom for the consultation and also with Slack to trigger a popup on my cellphone notifying me when a patient has scheduled a consultation. Even though the appointment automatically populates my Google calendar when scheduled, which can generate a reminder at the time of the event, I find the extra notification helpful for planning purposes when operating remotely in a setting that can be noisy.

3. We updated our software, which allows texting functionality on our existing office phone number, to Podium. In addition to the usual benefits of the texts being manageable remotely and showing up on your computer screen for quickly typed responses, it integrates with our practice management software to allow group texts by scheduled day or by patient status without manually entering any numbers. It also offers a "webchat" widget we use on our homepage that allows our patients to text questions to our front desk team through Podium instead of being routed to an offshore bot. Podium also offers a more easily implementable way to increase patient reviews, which will become more relevant once Google unlocks its review system post-COVID.

To offset a decrease in staffing as a result of COVID and to allow our front desk team to focus on those patients physically present in the office, we also began a pay-per-minute call center team. This small group of four women within WrightChat is specifically trained in customer service techniques and has been trained by our team on how to schedule within our practice management software. They extend our call answering availability to one hour before and one hour after our normal



office hours and are incentivized to take the time to respond to patients in a friendly, caring manner. They are completely isolated from an after-school rush or multitasking. Although we encourage our patients to text or email, we need to still accommodate those who prefer to call.

We are also evaluating NexHealth, which integrates with practice management software to allow patients to book appointments online 24/7. We believe the best time for implementation of this software would be once we have a confirmed date for office reopening. This not only helps us maintain excellent customer service and enhanced convenience despite a "lean" team but it also eliminates putting our front desk team in the position of trying to override the schedule template to accommodate patients, because this later translates to increased stress levels in clinic as we struggle to stay on time with an overbooked schedule.

4. Although we'd been offering Dental Monitoring to our Invisalign patients, we changed monitoring to mandatory and mailed retractors and instructions to all patients receiving mailed aligners. We also were able to jump onto Invisalign Virtual Care early and prefer the ease of use for the patients, and we also invited all active Invisalign patients to participate in that program. The advantages of Virtual Care are that there's no additional charge for its use at this time beyond the cost of the retractors and there is no additional software to log in to. The current disadvantage is that all the monitoring is manually done by a team member, whereas Dental Monitoring uses AI to track the photos with only an alert to our team in the event of insufficient tracking. This tracking technology, together with virtual appointments and self-scheduling, allows us to take the "zoo factor" out of an overly packed schedule.
5. We use OrthoFi for patient financing. There was an initial financial pinch as more patients chose longer payment plans, but a higher accounts receivable and OrthoFi's management of patients who restructured payment plans helped during the closure. (A shout-out to the Schulman Group, a source for many practice ideas!)

What are some of your more progressive treatment options?

I don't think there's anything in orthodontics that we've not tried as either alpha or beta adopters! Although we pick and choose techniques carefully before introducing them into our practice, we like to always know and try what is possible. I believe that our patients have come to know us as orthodontists who are open to thinking outside the box with our treatment plans and techniques to fulfill our patients' preferences/goals while still maintaining excellence in our results.

We were the first to treat nearly all our patients without extractions many years ago, and then to use auxiliaries such as Herbst and temporary anchorage devices to create dramatic facial changes without orthognathic surgery. More recently, we've tried to emphasize to our patients how the appearance of the teeth within the smile—including the position of the teeth, the gums and the shape of the teeth—can make a big difference between a nice smile and a "wow" smile. (Thanks to Dr. David Sarver for introducing us to tissue and incisal edge recontouring years ago and to the Pitts Progressive Group—especially Drs. Tom Pitts, Tomas Castellanos and Nimet Guiga—for showing us what can be done with adding interproximal reshaping, additive techniques and macroaesthetic considerations.)

What's one of your favorite patient stories?

My favorite has to be the young boy who taught me the importance of sleep apnea in

a growing child. We had been looking at airways on CBCT, were aware of apnea in children and treating it with expansion, but it was not until this case that I made it my mission to try to educate the whole dental/medical community on it.

Although the boy's mom was one of my dearest friends, he had not yet been seen in our practice because he "looked OK." During a sleepover at our house, my son mentioned that it was hard to sleep around him because he always snores loudly. I then reached out to his mom, who is a physician. She had already taken him to an ENT who had done an endoscopy and prescribed a daily corticosteroid spray. She agreed to let me take a CBCT, which showed a constricted airway. We placed a rapid palatal expander despite the fact that he had no crowding. The results in his behavior and athletic ability were so pronounced that she agreed to come speak to the local pediatric dentists to raise awareness. He was able to stop using the corticosteroid spray. Because he didn't have the typical dolichofacial presentation and his dental arches were only slightly narrow, the pediatric dentist and I didn't realize he had a problem, and his mom didn't think to tell me because she didn't think I could do anything about it. Thanks to my son, he went from not being able to run a lap around the track to winning the national water polo championships!

You just got back from Colombia after giving a talk on pediatric sleep apnea. What are some of the differences you've noticed about treatment in Latin America and treatment here?

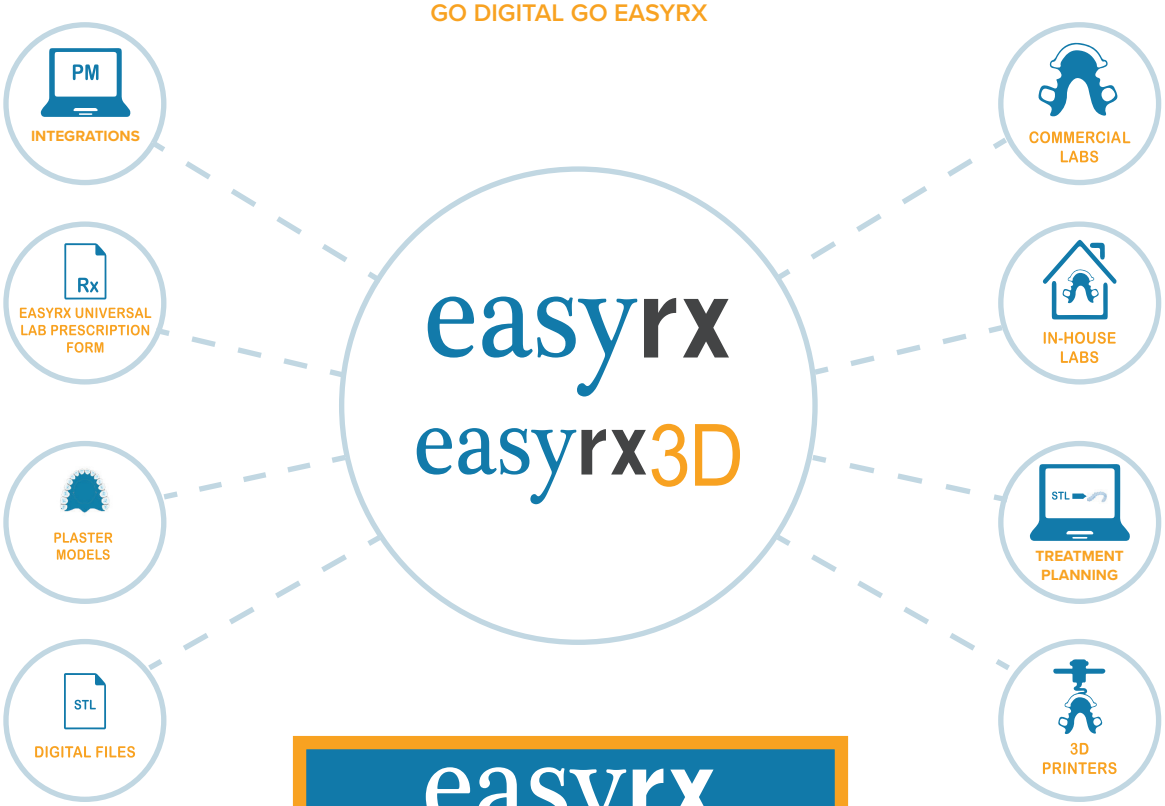
I was blown away by the extreme awareness of aesthetics across all social classes and by the total transformations that were possible. Dr. Castellanos, who led the conference, takes a very comprehensive approach to his patients' orthodontic treatment, making sure to include any cosmetic dentistry as well as cosmetic soft tissue procedures as part of his plan. The previous Miss Colombia winners are his former patients and he brings this "wow" smile concept to everyone in his practice.

Even within our patient population in Marin County, in which many people are into a holistic/outdoorsy/natural philosophy, there is so much we can do for them aesthetically with minimal invasiveness. I'm always surprised by how much patients appreciate those finishing touches that are so rejuvenating, even those who had said that they didn't care how they looked. Even more important is to set our young patients up for success by treating them for their future aesthetics and not to their present. The aging process is predictable, and so the techniques for delaying it can also be

easyrx

Universal Lab Prescription, Digital Workflow and 3D Software

GO DIGITAL GO EASYRX



easyrx ALIGNER TRACKING SYSTEM

- Create Aligner Tracking for clear aligner cases
- Track total trays required for treatment
- Set up Batches with number of trays printed and delivered
- Enter protocal for number of days to switch trays

easyrx

- Share prescriptions and digital files with any lab, including your in-house lab
- Invite any lab to receive your EasyRx prescriptions
- Stop juggling different portal logins and submitting your scans or impressions separately to your labs
- Efficient and secure communication with your labs, improving your HIPAA compliance

easyrx3D

- Trim and base STL files
- Add labels to models, like patient name, date, Rx number, practice name
- Use EasyRx 3D Bracket Removal to digitally remove brackets from STL files
- 3D Printer Integrations

All in One Application

easyrxcloud.com
888.340.3751

AAO — 2020 — ORTHO INNOVATOR AWARD

predictably successful, all the while looking for an optimal functional occlusal result.

In our practice, we use as many dental techniques as possible to achieve long-term aesthetics. We begin with a superior anterior bracketing technique and increasing the vertical dimension of the bite when needed, including referring for Botox to decrease masseter strength for adults when indicated. (This can also be achieved with aligners and attachments.)

We recontour teeth to address mamelons and small amounts of wear or chipping, and do temporary composite or refer for bonding of any larger areas of deficient enamel due to trauma or congenitally narrow teeth. We also do interproximal reduction not just in the case of "black triangles" but also to lengthen the contact area. Instead of waiting years for spontaneous tissue remodeling after torque corrections, we immediately address gingival discrepancies with a soft-tissue laser. We aim to finish our patients with a smile arc that matches the curvature of the lower lip and adequate gingival display. I even have a standing order to our Invisalign technicians to never intrude upper anterior teeth unless specified by the doctor!

What do you like to do in your free time?

I've always loved to play outside! I end up swimming about 5 miles a week and trail running 30 or so miles a week, and sometimes I mountain bike, snowboard, rock-climb and go salsa dancing. For me, that's fun with friends or family (or "chillax time" if out alone). It's not like working out in a gym, with all the grimacing and misery that can be associated with that.

It's probably good that these two favorite things go together but, aside from active play, I also really like eating great food, preferably shared with family and friends! I will eat anything as long as it is good, and my top favorites are Swiss chocolate, ice cream, pasta, salmon and tostones (mashed fried green plantains).

What's something you'd like to see orthodontics do differently, as a profession, within the next 10–15 years? What technological advances would you like to see?

It would be nice to see us reclaim our status in the public eye as health care professionals, but I'm not sure that's realistic.

I got into this because I wanted to do for others what had been done for me, and I've worked really hard at school and in my practice to be the best I could be for my patients. I think that patients "get it" once they're in the practice, but there is more and more confusion about what orthodontics is and whether it matters whom you go to for care. The difference used to be between going to a modern orthodontist and an antiquated one; then there were "ortho-dentists," and now DIY. Technology is awesome, but at least for the next 10–15 years, it will still be better for the patient's health and aesthetics if the application of technology is overseen by an experienced, trained specialist in the field.

As far as technological advances, I'm already very ready for being able to print the aligner material in-house with amazing software. At the moment, the printable aligner material is too stiff for treatment and the in-house aligner software, though good, still is not equivalent to the capabilities of the Invisalign software. The laser scanners for aligners need to reduce to the size of a pen, the way the diode lasers did, and the refinement scans done by the patients using their cellphones should stitch the new data onto the initial scan anatomy for accuracy. Further optimization of simultaneous tooth movements would be a way to finish treatment much faster in a healthy and comfortable fashion. ■

We're In This Together.

As organizations around the world begin the process of safely reopening, the HMI team is proud to continue serving the orthodontic industry and offering whatever support we can to ensure our partners' ongoing and long-term success.

HIGHLAND METALS™
INCORPORATED

Simply Great Wire. Great Prices.

The Aesthetic Demand

Going beyond clear aligners to satisfy patients' needs

by Dr. Robert Gire

Robert Gire, DDS, MSD, earned his doctorate at the USC Herman Ostrow School of Dentistry and his orthodontic certificate and a master's degree in dentistry at the University of Colorado School of Dental Medicine. Gire, who maintains three private orthodontic offices in Southern California, has been an orthodontic clinical instructor since 2009 at the Ostrow School of Dentistry and is a board-certified diplomate through the American Board of Orthodontics.

Clear brackets, clear aligners and lingual braces are necessities when treating patients for whom aesthetics are more important than comfort or finances. Traditionally, clear brackets have had their challenges: Fracture, breakage, wear to opposing dentition and removal difficulty are all strong considerations when choosing a system that coincides with the orthodontist's specific treatment philosophy. No matter if you're considering self-ligating brackets (passive or active), twin brackets or some type of combination therapy, there are options today that were not available in the past.

Exceptional treatment using any option can be limited by other factors that may be out of the control of the specific mechanics. For example, obtaining facial harmony may require additional adjuncts such as TADs, lasers or prosthodontic intervention to complement the orthodontic treatment. Well-rounded orthodontic specialists must include these elements in their toolboxes to be successful in this aesthetic age. Luckily,

there are many courses, meetings and other continuing education opportunities that allow orthodontists to include these adjuncts in their armamentaria. Because pressures from DIY companies and general providers providing basic orthodontic services are increasingly prevalent, this knowledge will help us differentiate ourselves in this competitive market.

Case study: Introduction

A 13-year-old patient presented with mild upper and lower crowding, and her family desired an aesthetic treatment alternative. A clinical exam revealed a Class I dental malocclusion, mild excess gingival display on full animated smile, mild upper and lower crowding, an overjet of 2mm and an overbite of 2mm. Her upper lateral incisors are on the tapered side and we discussed the possibility of buildups/veneers, but the family didn't view them as an aesthetic issue.

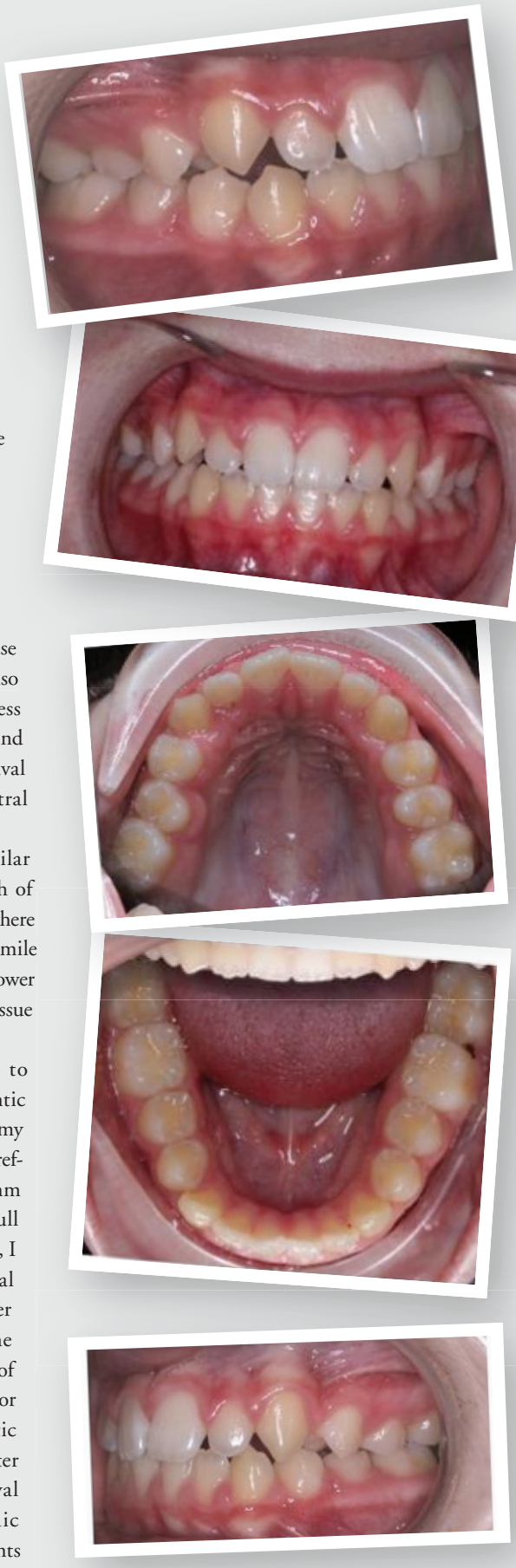
There was a minor discrepancy in the free-gingival heights of her upper central incisors. The zenith of her UL1 (#9) was slightly higher than its counterpart, and the discrepancy appeared to slightly worsen during the course of her treatment. There was a mild Bolton discrepancy with mild excess in the lower arch. Her oral hygiene was excellent, there was mild redundant tissue around the maxillary lateral incisors, her profile was mildly convex, and there was no evidence of temporomandibular joint issues. On full animation, I noticed that she exhibited about 2–3mm of maxillary gingival display (Figs. 1a-e).

While the family had a lot of confidence in this patient's discipline to wear aligners, they felt better about pursuing traditional fixed-appliance therapy. While treatment-planning this case, I requested a digital rendering of the final occlusion and noted that it would require some mild IPR around the lower incisors to maximize her full, anterior coupling because of the mild Bolton discrepancy. The rendering did not include the surrounding facial tissues, but the family and I discussed the idea of aesthetic gingival contouring. This was brought to their attention not only because of the Bolton discrepancy but also because of the very mild excess gingival display on full smile and the mild difference of the gingival heights of her maxillary central incisors.

I generally approach similar cases by evaluating the length of the maxillary clinical crowns where those upper incisors lie on the smile arc, or how they line up on the lower lip and how much redundant tissue masks the clinical crowns.

There are several ways to determine whether orthodontic intrusion or a simple gingivectomy may be required. My aesthetic reference pivots around the 3–5mm mark of gingival display on full smile. Anything less than this, I prefer to perform mild gingival contouring. Anything greater than 5mm, I will discuss the advantages and disadvantages of possible intrusion of the anterior dentition, along with realistic expectations. Anything greater than 8–10mm of full gingival display gets an orthognathic consultation if the patient wants to get the gingival display reduced.

This patient had shorter,



Figs. 1a-e

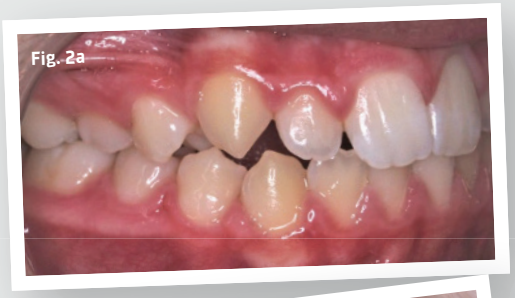


Fig. 2a

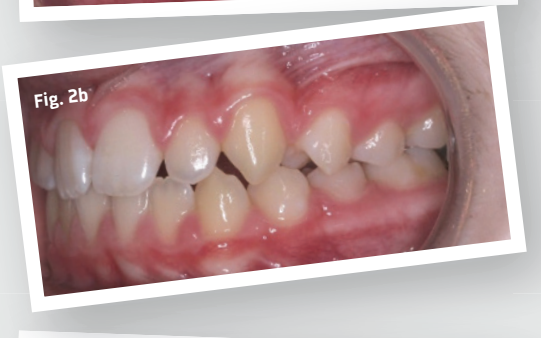


Fig. 2b


Fig. 3

tapered clinical crowns of her lateral incisors with some mild excess tissue interproximally (Figs. 2a and 2b). Her smile arc, however, was consonant and her upper incisors followed her lower lip well.

Because she exhibited 2–3mm of gingival maxillary tissues, I suggested laser gingival recontouring. We frequently use the Gemini diode laser in our office for simple soft-tissue exposures, operculectomies and gingival recontouring.

Treatment

After our data gathering and treatment presentation, I initiated treatment by bonding upper and lower 7–7 with 0.022 Ormco Symetri Clear brackets MBT prescription (Fig. 3). The brackets are much smaller and less bulky than other clear twin brackets and are very low-profile and tend to interfere less with the opposing dentition. The low profile doesn't hinder the ability to double-tie as needed (e.g., elastic thread and powerchain, or powerchain and single tie, etc.). The Symetri brackets are strong and durable.

This patient had mild to moderate rotations of her LR3 and UR2. This tends to be somewhat difficult to fully tie in a light wire with a steel tie, because most fear fracturing a tie-wing or debonding the entire clear bracket. (In my experience, Symetri seems to be as strong as our metal twin brackets, and we did not have any fracture or debonding issues in this case or any of our other cases.)

My wire sequence and treatment:

1. 0.014 CuNiTi U/L, early Class II "shorty" elastics (5/16 inch, 2 oz.).
2. 16x16 CuNiTi U/L, transition to Class II elastics (5/16 inch, 3 oz.).
3. 18x25 CuNiTi U/L, followed by a pan/repo appointment, switched to delta elastics (3/16 inch, 3.5 oz.).
4. 19x25 TMA U/L, followed by aesthetic finishing bends as needed, while wearing the same deltas.

After 10 months of active treatment, her appliances were removed (Fig. 4). When removed, Symetri brackets debond in one piece and don't fracture. Speaking to several colleagues, bracket fracture is the main reason that most prefer aligner therapy over clear brackets. If, however, the brackets can be removed just as easily as a metal twin bracket, there's no other reason to sidestep clear brackets.

In my offices, we normally provide a lower fixed bonded retainer to the lower canines only. In this case, the family declined a fixed retainer; upper and lower vacuum-formed retainers were provided instead.

I prefer to wait at least four to six weeks after braces removal to assess the tissues

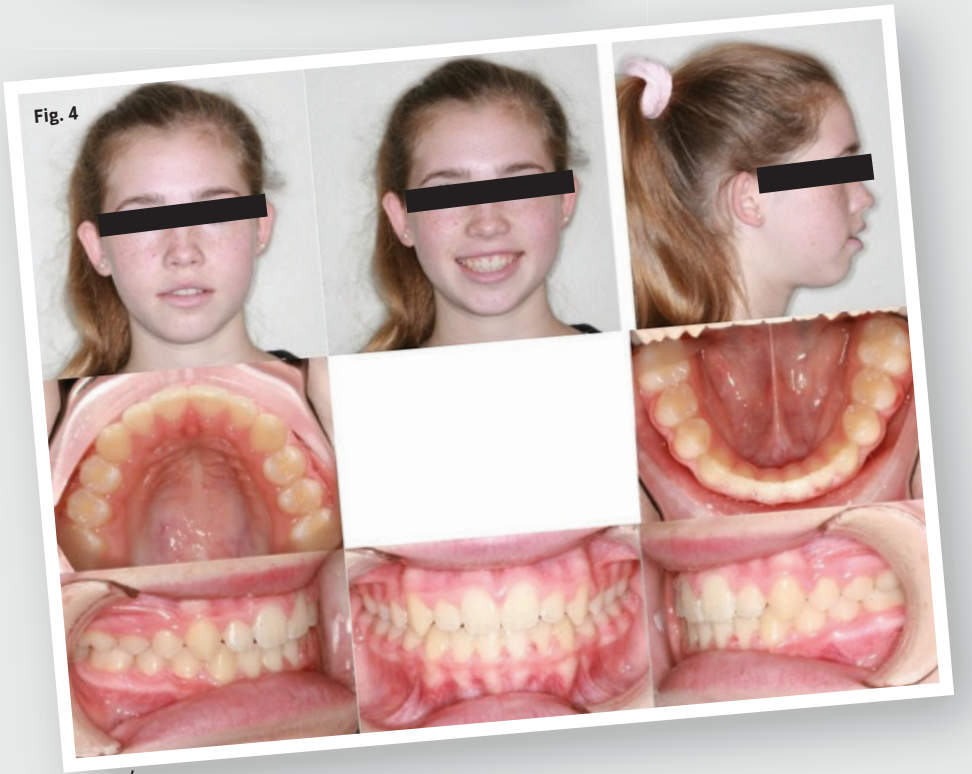


Fig. 4

before any laser intervention. There will always be some reduction in the tissues postremoval, and in some cases allowing the tissues to regress slightly means less overall tissue removal during the actual procedure.

The gingival-height discrepancy of the patient's upper central incisors was still quite evident after the waiting period (Fig. 5). Some redundant tissue around her lateral incisors also made the clinical crowns appear to be shorter. We decided to remove some excess tissue and aesthetically contour her maxillary "social six."

I mildly anesthetized the gingival tissues just apical to UR3 to UL3. An assessment was made via probing to determine where her CEJ and crestal bone were located. Careful determination was made to not violate her biologic width, thus creating a source of inflammation. Bleeding points were carefully established and the tissue was removed via laser. Postop instructions were provided and she returned after another four weeks for final photos (Fig. 6).

Conclusion

Active treatment took eight visits and 10 months. Total treatment was 12 months, including the month of retention before her laser treatment and one month after for final records. More importantly, an additional service was provided after the conventional orthodontic therapy. DIY and at-home services cannot provide this type of complete and thorough treatment planning that involves not only the teeth, but also how the teeth are framed within the soft tissue and the rest of the face.

Combining additional resources such as a diode laser along with a state-of-the-art aesthetic bracket allows me to fully complete my comprehensive treatment plan. Listening to our patients' needs and using our treatment modalities to provide a functional and aesthetic smile will always be the ultimate differentiator. ■

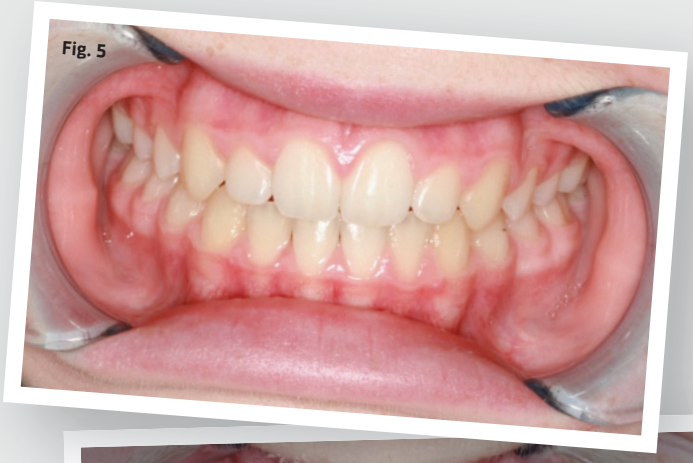


Fig. 5

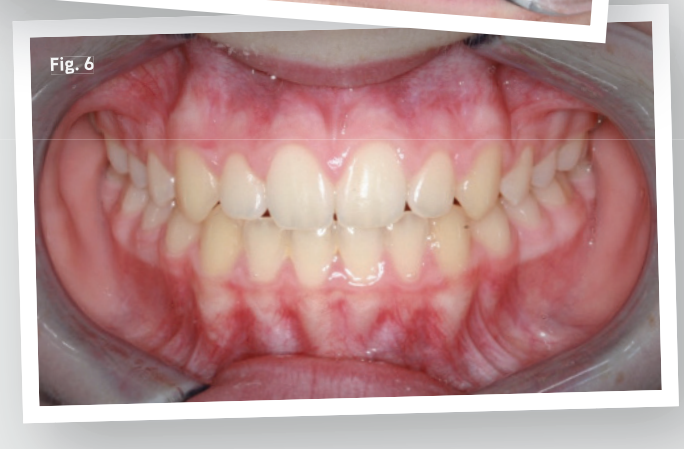


Fig. 6

Without the committed support of these advertisers, we wouldn't have been able to produce this issue.

We can't thank them enough—and we encourage Orthotown readers to remember their patronage and return it in kind whenever they're able.

Advertiser	Page #
American Orthodontics	9
EasyRx	33
G&H Orthodontics	1
Great Lakes Dental Technologies	5
Henry Schein Orthodontics	IFC
Highland Metals	35
KLOwen Braces	7
MyProViewer	BC
Ormco	3
Reliance Orthodontic Products	IBC
Scheduling Institute	15
Topform	13
tops Software	11

Almost all of the advertisers provide telephone numbers in their advertisements for your convenience and fast response. Our advertisers want to hear from you!

PERFECT A SMILE®

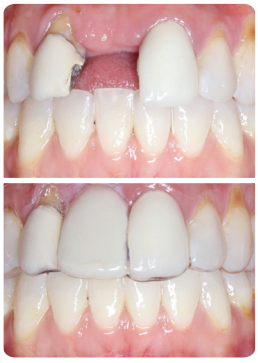
PONTIC PAINT *

"Finally! A Solution for Space Maintenance & Temporary Restorations."

- **Eliminate Flippers** (Aesthetic Treatment Alternative)
- **Easy and Economical Temporary Pontics**
- **Same Day Fix** (Vacuform A Tray - Paint A Restoration)

Only from RELIANCE®

Patient B.B.
PAS Shade: A2



Quick & Easy

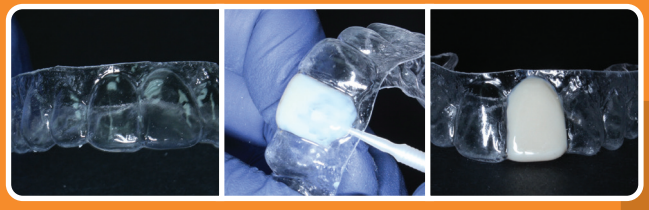
- 10 translucent shades - vita shade guide matches
- Eliminates and replaces flippers
- Aesthetic temporary restorations
- Congenital or trauma aesthetic replacements
- Grafting/implant integration spacing
- Pre-Pontic / peg lateral relief
- Space maintenance

Economical & Efficient

- Same day turnaround (in-house fabrication)
- No emergency schedule disruption
- No doctor chairtime (staff delegated)
- No lab costs or delays
- No Pontic sizing or inventories
- High elasticity modulus (will not crack or splinter)

Effective with Aligners or any Clear, Plastic Vacuform Trays

Form a Tray | Paint a Pontic | Deliver Same Day Fix



* Manufactured under U.S. Patent Number #8864493 B2

RELIANCE®
ORTHODONTIC PRODUCTS

O (800) 323-4348
M (630) 773-4009

F (630) 250-7704

RelianceOrthodontics.com
RelianceU.tech

Proud Sponsor of AAOF

MYPROVIEWER™

Easy to customize.
Hard to ignore.

• 100's of Orthodontic and Dental videos • Over 10,000 High Definition themed images • 100's of High Definition professionally designed full screen images • 1000's of news, sports and entertainment feeds • Schedule your news, videos, images, and office messages • Display MyProViewer in multiple locations / offices

ONLY $119 per month
PLUS! Receive a special bonus if you mention this ad!

MYPROVIEWER™
1.866.521.0555 | www.myproviewer.com